

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF MISSOURI  
WESTERN DIVISION

Plaintiff:  
MATTHEW SELMAN

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against- Advocates For Community Health  
+ Lester E Cox MEDICAL CENTERS (CoxHealth)  
+ ~~Advocates For Community Health~~  
~~Advocates For Community Health~~

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)

REQUEST FOR TRIAL BY JURY

Plaintiff requests trial by jury. ☐ Yes ☒ No

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

|                    |                                   |
|--------------------|-----------------------------------|
| Name               | Matthew Sellman                   |
| Street Address     | 2061 W Bingham #E206              |
| City and County    | Ozark, MO 65721-Christiana County |
| State and Zip Code | Missouri 65721                    |
| Telephone Number   | 417-942-2108                      |
| E-mail Address     | msellman340@gmail.com             |

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

#### Defendant No. 1

|                              |  |
|------------------------------|--|
| Name                         | Lester E Cox Medical Centers (CoxHealth)     |
| Job or Title<br>(if known)   | Hospitals and Clinics                        |
| Street Address               | <del>7800 S. Glenview</del> 1423 N Jefferson |
| City and County              | Springfield - Greene                         |
| State and Zip Code           | Missouri 65802                               |
| Telephone Number             | 417-269- <del>0000</del> 3000                |
| E-mail Address<br>(if known) |  |

#### Defendant No. 2

|                            |   |
|----------------------------|---|
| Name                       | Advocates for Community Health                  |
| Job or Title<br>(if known) | owner of Jordan Valley Community Health Center  |
| Street Address             | <del>1575 I St. NW, Suite 300</del>             |
| City and County            | <del>Washington, DC</del> Washington, DC, 20005 |

State and Zip Code

~~00000~~ ~~00000~~ Washington, D.C. 20005

Telephone Number

~~0000000000~~ 1833-696-2776

E-mail Address

(if known)

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only three types of cases can be heard in federal court. Provide the designated information for this type of case. (Check all that apply)

☒ Federal question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

42 U.S.C. § 12182(A); 28 C.F.R. § 36.201  
American with Disability Act, Discrimination, Refusal to treat,  
Abuse (Psych) + Emotional worst's Abandonment by my doctor.

☐ Suit against the Federal Government, a federal official, or a federal agency

List the federal officials or federal agencies involved, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Diversity of Citizenship

These are cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

### A. The Plaintiff(s)

The plaintiff, (name) Matthew Selman, is a citizen of the State  
of (name) MISSOURI.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

B. The Defendant(s)

1. If the defendant is an individual

The defendant, (name) CoxHealth Jordan Valley, is a citizen of the State of (name) Missouri. Or is a citizen of (foreign nation) \_\_\_\_\_.

2. If the defendant is a corporation

The defendant, (name) CoxHealth Jordan Valley, is incorporated under the laws of the State of (name) Missouri, and has its principal place of business in the State of (name) Missouri. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

C. The Amount in Controversy

The amount in controversy---the amount the plaintiff(s) claims the defendant(s) owes or the amount at stake---is more than \$75,000, not counting interest and costs of court, because (explain):

Whatever it costs to be treated for my pain and provide A Healthy Diet for my Diabetes.

III. Statement of Claim

Write a short and plain statement of FACTS that support your claim. Do not make legal arguments. You must include the following information:

- What happened to you?
- What injuries did you suffer?
- Who was involved in what happened to you?



- How were the defendants involved in what happened to you?
- Where did the events you have described take place?
- When did the events you have described take place?

If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Refer to Attached Complaint Summary:  
 On July 13, 2021 I was verbally abused, misdiagnosed with opioid use disorder as a punishment for needing treatment for my chronic pain and abandoned by my primary care doctor Clint Strong MD. Also abandoned and misdiagnosed by nurse Dani Edlins. Several Emergency visits and Doctor visits to Cox Health providers and no one will listen to me. Everyone refuses to treat me because of this diagnosis and I'm being forced to pretend I am not disabled just to keep getting my other prescriptions. I am being forced to take suboxone and lied to about it being a pain medication. I'm terrified of my future because if I'm just going to be abandoned and lied to it makes me want to give up and just die.

#### IV. Relief

State briefly and precisely what damages or other relief you want from the Court. Do not make legal arguments.

To have my reputation back like before I was falsely diagnosed with an Opioid Use Disorder. To as soon as humanly possible refer to Department of Justice to investigate. Order a pain management doctor to treat me. If none of this is possible 5 million Dollars.

Do you claim the wrongs alleged in your complaint are continuing to occur at the present time?

Yes ☒

No ☐

Do you claim actual damages for the acts alleged in your complaint?

Yes ☒

No ☐

Do you claim punitive monetary damages?

Yes ☒

No ☐

If you indicated that you claim actual damages or punitive monetary damages, state the amounts claimed and the reasons you claim you are entitled to recover these damages.

If I could put a value on Pain, and that without my medicine I've experienced more in last 9 months than my whole life. What can I do with money when I can't get out of my bed. Whatever you believe I'm worth your Honor.

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: April 22, 2022

Signature of Plaintiff

Printed Name of Plaintiff



Matthew Sellman

Attached: Exhibit 1 - Copy of Complaint filed with Department of Justice

Exhibit 2 - Copy of Complaint and request for treatment sent to Jordan Valley Community Health Center's Compliance Officers.

Exhibit 3 - Copy of the typed Complaint I was intending of filing